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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): **P. E. Thomas and
T.P. Marsh** Examiner: **M. Hand**
GroupArt: **3761**

Application No.: **10/600,181** Confirmation No: **9696**

Filing Date: **June 20, 2003** Atty. Docket No. **15838-243002**

Title: **ACQUISITION DISTRIBUTION LAYER HAVING VOID VOLUMES
FOR AN ABSORBENT ARTICLE**

CERTIFICATE OF MAILING

I hereby certify that this correspondence, along with any papers indicated as being enclosed, are being deposited as First Class Mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, Mail Stop: Amendments, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 11, 2006

Janet M. Karrmann
Janet M. Karrmann

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION DATED JANUARY 11, 2006

Sir:

This Reply is being filed in response to the non-final Office Action dated January 11, 2006, having a three-month shortened period for response set to expire on April 11, 2006. If any fees are required in order to continue the prosecution of this application, the Office is authorized to charge such fees to Deposit Account 19-5425.

Please enter the amendments to the specification on page 2 of this correspondence and the amendments to the claims as provided for on pages 3-10 of this correspondence. Applicants' Remarks begin on page 12.

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): P.E. Thomas and T.P. Marsh

Docket No.

15838-243002

Application No. 10/600,181	Filing Date June 20, 2003	Examiner M. Hand	Customer No. 53476	Group Art Unit 3761	Confirmation No. 9696
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Invention: ACQUISITION DISTRIBUTION LAYER HAVING VOID VOLUMES FOR AN ABSORBENT ARTICLE

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41 -	40 =	1	x \$50.00	\$50.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable)		<input type="checkbox"/>			\$0.00
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT
					\$50.00

No additional fee is required for amendment.
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 A check in the amount of _____ to cover the filing fee is enclosed.
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Signature

Dated: April 11, 2006

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Janet M. Karrmann

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